L-9



September 30, 1982

Mr. Tom Hall Division of Consumer Affairs OSHA, Room N3635 U. S. Department of Labor 200 Constitution Avenue, N.W. Washington, D. C. 20210

Re: Docket No. H-022

Dear Tom:

I have just received one of the post-hearing submissions that we had intended to submit following the Houston hearing. It took awhile for the company to respond to our request and for the information to be sent to Pittsburgh.

The attachment is the Injury and Illness Log and/or Summary for 1978, 1979 and 1980 for the Reed Rock Bit Plant where the employees were exposed to trichloroethylene. As you will note, no illnesses for TCE exposure were recorded until 1980, after OSHA had inspected and cited the plant for TCE exposure.

This lack of reporting existed even though prior to 1980 employees had been sent to the hospital and treated for illnesses that should have been, but were not, considered related to their TCE exposure. If necessary, we can supply additional statements to verify this. As they testified, the Local Union had been working since 1975 to reduce exposures to TCE.

Sincerely,

Mary-Win O'Brien

Assistant General Counsel

MWO:1mb

Att.



For Calendar Year 19 29 Form Approved O.M.B. No. 44R 1453 77651 Type, Extent of, and Outcome of ILLNESS Extent of and Outcome of INJURY Fatalities Nonfatal Injuries Type of Iliness Fatalities Nonfatal Illnesses Illnesses With Lost Workdays Injuries With Lost Workdays CHECK Only One Column for Each Illness lilnesses il njury Related llions (See other side of form for terminations Without Lost Related Without Lost Workdays Workdays or parmanent (consters,) Enter a CHECK if illness involves days aver from Enter a CHECK Enter a CHECK if Enter a CHECK Enter DATE Finter a Enter num Enter num Enter DATE Enter a CHECK Enter num ้. กัดเลย ถนาก CHECK II if its) entry was ber of ber of DAYS away tax of DAYS at of on entry was inade in colof death. uf death. Poisoning (systemic ef-fects of toxic materials) Respiratory conditions due to toxic agents if injury involves days awar from illness in-volves days DAYS June injury in-DAYS of made in col-Disorders associated with repeated trauma Occupational skin diseases or disorders umns 8 or 9. trom work. volves days restricted inns 1 or 2 restricted Alf other occupa-tional illnesses Disorders due to priysical agents away from away trom Dust diseases of the lungs work activ but the injury work acti bev. work work, or days of restricted work, or days of restricted is recordable ity. Mo./day/yr. as defined atrosee work activity. or both. work clivity, (13) CTOL (11) (12) (2) (3) (4) (6) (7) (8) (0) .53 (c) (d) (e) (f) (11) (::) (b) 257 4 Certification of Annual Summary Totals By

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This form is required by Public Law 91-596 and must be kept. In the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessment of penalti-NOTE: RECORCABLE CASES: You are required to record information about every occupa-tured death, every nonlated occupational illness, and mose nonlated occupational in-laries which involve one or more of the following: loss of consciousness, restriction of work a rindium, transfer to another job, or medical treatment (other than first ed). (See definitions on the other side of form.) (See posting requirements on the other side of for C-114 OF Date of injury or Onset of Extent of and Outcome Fatalities Enter a nonduple cating number which Injuries Vi ivity employee was per-ming when injured or at set of illness. In the absence imployed or a description 40 facilitate which employee is assign Ener DATE tour a even though temporarily working in another depart : , : CHECK of injury involved three inva-trom work, or three of restricted work parisons with mentary records. mputation of 1st joint right forely rain of lower back; Contact derm (F) ... PREVIOUS PAGE TOTALS -4444 TOTALS (Marrielops of gibes and Contaction of An OSHA No. 200

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